

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/19/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/06/2010
NAME OF PROVIDER OR SUPPLIER  OAKVIEW NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 10456 US HWY 62 CALVERT CITY, KY 42029		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 225	Continued From page 4  3. A review of the personnel record for Employee #6, a SRNA, revealed a hire date of 07/05/10; however, the Nurse Aide Abuse Registry check was not completed until 07/06/10.  An interview with the Staff Development Coordinator, on 08/05/10 at 11:45 AM, revealed she was responsible for conducting the Abuse Registry checks. She completed the checks when the prospective employee came for an interview, but did not print the abuse check out on that date. She stated the facility's policy and procedure required the Nurse Aide Registry checks be completed prior to employee date of hire.	F 225	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 431	No residents were using the expired feeding.  No residents were affected by the expired feeding.  All residents on enteral feeding had the potential to be affected.  The expired Jevity was discarded on 08/05/10. The Director of Nursing checked the expiration dates of all enteral feedings on 08/09/10. All licensed nurses are aware of the need to check expiration dates prior to administration; however, an all in-service was initiated on 08/23/10 and will be conducted with all licensed nursing staff about ensuring the expiration date is checked prior to administration of enteral feedings. This was conducted by the Staff Development Coordinator.	08/27/2010	

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F 431	Continued From page 5  The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.  This REQUIREMENT is not met as evidenced by: Based on observations and interviews, it was determined the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles, included the appropriate accessory and cautionary instructions and the expiration date, when applicable. The medication room contained two cases of Jevity 1.0 with an expiration date of 06/01/10 and 10 cases of Jevity 1.0 with an expiration date of 08/01/10. Findings include:  Observation on 08/05/10 at 3:45 PM, in the medication room on Hall Two, revealed (24) 8 ounce cans of Jevity 1.0, with an expiration date of 06/01/10 and (120) 8 ounce cans of Jevity 1.0, with an expiration date of 08/01/10 were available for use.  An interview with Licensed Practical Nurse (LPN) #1, on 08/05/10 at 3:45 PM, revealed the materials supply person was responsible for checking the medication rooms for expired supplies and replacing the supplies. She stated,	F 431	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>  Weekly audits of enteral feedings will be conducted by the Director of Nursing and/or Staff Development Coordinator times four weeks. Audits will then be conducted monthly times four months. Results of the audits will be taken to the Performance Improvement Committee on a monthly basis times four months.  Completion date will be 08/27/10.		

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F 431	Continued From page 6  "The feedings should have been discarded because they were expired".  An interview with Registered Nurse (RN) #2, on 08/05/10 at 3:50 PM, revealed the enteral feeding was checked by the nurse prior to administering it to a resident. She stated the expired feedings should have been thrown away if they were expired.  An interview with the Central Supply Clerk, on 08/05/10 at 4:00 PM, revealed he was responsible for ordering the supplies for the supply room. He stated, "I was told to order, rotate and put up enteral feedings. Some gentleman faxes a sheet to the facility and I fill out what feedings we need and how much, then I give it back to the case manager or Director of Nursing (DON). I don't check the dates. I just rotate and put up the enteral feedings".  An interview with the DON, on 08/05/10 at 4:10 PM, revealed the Central Supply Clerk was trained by the former case manager of the facility. She stated he was trained to check the supply rooms of the facility and remove expired items from the supply rooms.	F 431	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		